

# Certified Peer Recovery Specialist Application

## Part One: Training

*\*\*Please note that pursuant to Tenn. Code Ann. § 10-7-502(a), all state records are considered open for public inspection, unless otherwise protected under the law. Accordingly, the State cannot and does not guarantee the confidentiality of this application, any notes, files, reports or other documents received by the State or in possession of the State in conjunction with this application. The Certified Peer Recovery Specialist Training is provided free to all accepted applicants; however, you will be responsible for your own transportation, lodging, meals, and beverages.*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

### Other Names

All training applicants are screened against the Tennessee Sex Offender Registry and the Tennessee Abuse Registry prior to application approval. Applicants on the sex offender registry are handled on a case by case basis and can still be approved for certification in some situations. Please list your name assigned at birth (if different) and any other names used (for example, previous married names):

Name preferred on certificate \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number **(Required)** \_\_\_\_\_

Have you previously served or are currently in the military? ☐ YES ☐ NO

Which of the following best represents your racial or ethnic heritage? Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Black or African                                    | <input type="checkbox"/> Hispanic or Latinx/Latine/Latino               |
| <input type="checkbox"/> Native Indigenous, First Nations, and/or Aboriginal | <input type="checkbox"/> White  |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander           | <input type="checkbox"/> Asian (South, Southeast, East, and/or Central) |
| <input type="checkbox"/> Middle Eastern or North African                     |   |
| <input type="checkbox"/> Not Listed (Please Specify): _____                  |   |

Check your preferred training location (choose one):

☐ Zoom ☐ Memphis ☐ Jackson ☐ Nashville ☐ Cookeville ☐ Chattanooga ☐ Knoxville ☐ Johnson City

Home Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone (w/area code) \_\_\_\_\_

Email (Required) \_\_\_\_\_

Indicate your highest level of education and **include a copy of your high school diploma or equivalent or unofficial college transcripts.**

☐ High School Diploma ☐ GED or equivalent

☐ Vocational certificate, specialty \_\_\_\_\_

☐ Associate degree, concentration \_\_\_\_\_

☐ Bachelor's ☐ Master's ☐ PhD, major \_\_\_\_\_

☐ LADAC ☐ Other, specify \_\_\_\_\_

☐ Copy of high school diploma (or equivalent) or unofficial college transcript included.

Are you eighteen years of age or older?

☐ YES

☐ NO

Are you currently employed?

☐ YES

☐ NO

List the last two jobs you have held as well as your current job, if applicable. Include the name of your employers and the dates of your employment. *\*Note: an employment history is not necessary for consideration.*

1. \_\_\_\_\_

2. \_\_\_\_\_

1. Are you in recovery from a mental health disorder?

☐ YES

☐ NO

If yes, have you been in recovery from a mental health disorder for at least the past 24 consecutive months?

☐ YES

☐ NO

2. Are you in recovery from a substance use disorder?

☐ YES

☐ NO

If yes, have you been in recovery from a substance use disorder for at least the past 24 consecutive months?

☐ YES

☐ NO

3. Are you willing to disclose to peers, staff, and the public that you have lived experience with a mental illness, substance use disorder, or both?

☐ YES

☐ NO

4. You will be expected to participate in discussions and role-plays using elements of your own recovery story. Are you comfortable sharing your recovery story with others? ☐ YES ☐ NO
5. You will also be required to listen to the recovery stories of others. Sometimes these stories may be uncomfortable for you, particularly if they touch upon one of your “triggers.” Are you okay with this? ☐ YES ☐ NO
6. The required training is intensive and can be fatiguing. Do you feel you generally have the energy to stay focused and alert? ☐ YES ☐ NO
7. If accepted, you must attend all of the 40-hour, weeklong training. Will you commit to that? ☐ YES ☐ NO
8. The training is highly interactive and requires activities that involve small groups, role-playing, and reading to the group. Are you comfortable with this kind of participation? ☐ YES ☐ NO
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#### Conservator Status

Conservatorship is a court-approved legal relationship between a competent adult and an adult with a disability or an adult who needs assistance in decision-making. It gives the conservator specific authority and duty to act on behalf of the individual in making decisions affecting the person’s life. In Tennessee, the definition of a conservator is *a person appointed by the court to provide partial or full supervision, protection and assistance*. A conservator acts as the agent of the court. Certified Peer Recovery Specialists are expected to not only manage their own affairs but also to be able to provide peer support to others. Having a conservator contraindicates certification as a Certified Peer Recovery Specialist.

Please check the appropriate box:

I confirm that I

- ☐ do have a conservator  
☐ do **not** have a conservator

## Recovery Narrative

*Working as a Certified Peer Recovery Specialist in Tennessee can be an immensely rewarding occupation. It is a way to help others experience the recovery that you have experienced yourself. However, it is not the job for everyone, and it is one you need to be ready to undertake. To help us know you are ready, complete the following information. Write complete answers to the following questions without outside help. Your answers can be brief, but use complete sentences, type or make your handwriting clear and legible, and limit your responses to the space provided. This is not a test with right and wrong answers. It is a way to assess your readiness to take the certification training.*

Describe how your personal recovery journey has helped you to get where you are today. \_\_\_\_\_

[illegible]

What are some of the things you do on a regular basis to keep yourself focused on your recovery? \_\_\_\_\_

[illegible]

Describe at least two of your strengths and how they have helped you in your recovery. \_\_\_\_\_

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What is your plan to deal with triggers and/or a recurrence of your symptoms? \_\_\_\_\_

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Have you ever led a group?    ☐ YES                      ☐ NO

If so, what did you like about it? \_\_\_\_\_

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If you have not lead a group before, how do you feel about leading a group? \_\_\_\_\_

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Have you ever taught a class?    ☐ YES                      ☐ NO

If so, what did you like about it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have not taught a class before, how do you feel about teaching a class? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your best experience in employment, service work, or volunteer work and what made it meaningful. \_\_\_\_\_  
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Describe your support system and how it has helped you in your recovery. \_\_\_\_\_  
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Describe why you want to become a Certified Peer Recovery Specialist. \_\_\_\_\_  
\_\_\_\_\_  
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Why do you feel you would be a good candidate to work with peers who have lived experience of mental illness and/or substance use disorder?

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Is there anything else you would like us to know?

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*My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny my certification.*

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Your printed name \_\_\_\_\_

***\*IMPORTANT: Attach a copy of your high school diploma or equivalent or unofficial college transcripts to this application to be considered.***

If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or [cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov). Persons with a disability who require accommodations should notify the Peer Recovery Coordinator at 800-560-5767 or [cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov) to request or discuss accommodations at the CPRS Training. Three weeks of advance notice is preferred, but every effort will be made to provide accommodations when requested.

Once complete, fax or scan and email your application plus a copy of your high school diploma (or equivalent) or unofficial college transcripts to the address below. You will be notified if your application is accepted.

Peer Recovery Coordinator  
Tennessee Department of Mental Health and Substance Abuse Services  
Fax: 615-253-3920  
[cprs.tdmhsas@tn.gov](mailto:cprs.tdmhsas@tn.gov)